

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC -9 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000078611

1. Corporation Name

DON KLINGER MARKETING, INC.

Principal Place of Business

132 LAKEVIEW WAY
OLDSMAR FL 34677

Mailing Address

POST OFFICE BOX 188
OLDSMAR FL 34677



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

200 MICHAELS CIR.

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

Zip

34677

Country

Pinellas

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1995

5. FEI Number

59-3338544

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	KLINGER, MARY L.	132 LAKEVIEW WAY	OLDSMAR FL
VP	KLINGER, DON	132 LAKEVIEW WAY	OLDSMAR FL

300002341923--4
-11/07/97--01091--009
****236.25 ****236.25

8. Name and Address of Current Registered Agent

KLINGER, DON

132 LAKEVIEW WAY 200 MICHAELS CIR.
OLDSMAR FL 34677

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Don Klinger

REGISTERED AGENT MUST SIGN

Date 10/27/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

NO STATE
BANK OR OTHER
INTANGIBLES
(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Don Klinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97

Date

813-789-5650

Daytime Phone #

CR2E040 (8/97)



DON KLINGER MARKETING

MARKETING • LIFE • HEALTH • ANNUITIES • PREPAID LEGAL

October 27, 1997

Sandra B. Morthan
Secretary of State
Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314-6327

Dear Ms. Morthan:

Re: Document P95000078611, Re-instatement of Corporation

Please be advised that we have inadvertently omitted our annual statement.

We would respectfully request that you mitigate the penalty for failure to file promptly, due to our moving, and misfiling of the necessary documents.

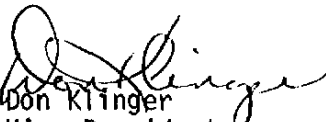
Our new address is reflected in the attached documents. We are sending the original filing fee of \$175.00, plus the \$61.25 annual report fee.

Your help in mitigating this re-instatement would be very much appreciated.

Thanks for your help.

Sincerely,

DON KLINGER MARKETING, INC.


Don Klinger
Vice President

DK/ab
Encl.